

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# TRANSMITTAL FORM

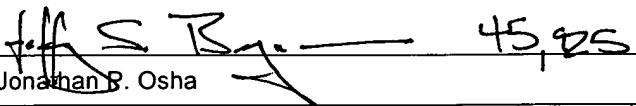
(to be used for all correspondence after initial filing)

|  |  |                        |                        |
|--|--|------------------------|------------------------|
|  |  | Application Number     | 10/634,629-Conf. #7203 |
|  |  | Filing Date            | August 5, 2003         |
|  |  | First Named Inventor   | Michael A. Siracki     |
|  |  | Art Unit               | 3672                   |
|  |  | Examiner Name          | K. L. Thompson         |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 05516/142002           |

## ENCLOSURES (Check all that apply)

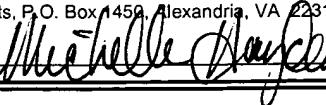
|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                                       |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences                |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | Return Receipt Postcard  |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |  |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |  |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Remarks  |  |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |  |          |        |
|--------------|--|----------|--------|
| Firm Name    | OSHA & MAY L.L.P.  |          |        |
| Signature    |  |          |        |
| Printed name | Jonathan B. Osha   |          |        |
| Date         | January 28, 2005   | Reg. No. | 33,986 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576719665US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 28, 2005

Signature:  (Michelle Hayden)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

|   |  |                          |                        |
|---|--|--------------------------|------------------------|
| <b>Effective on 12/08/2004.</b><br><b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> |  | <b>Complete if Known</b> |                        |
| <b>FEET TRANSMITTAL</b><br><b>For FY 2005</b>   |  | Application Number       | 10/634,629-Conf. #7203 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  | Filing Date              | August 5, 2003         |
| <b>TOTAL AMOUNT OF PAYMENT</b> <b>(\$)</b> <b>500.00</b>  |  | First Named Inventor     | Michael A. Siracki     |
|   |  | Examiner Name            | K. L. Thompson         |
|   |  | Art Unit                 | 3672                   |
|   |  | Attorney Docket No.      | 05516/142002           |

**METHOD OF PAYMENT** (check all that apply)

Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_

Deposit Account      Deposit Account Number: 50-0591      Deposit Account Name: Osha & May L.L.P.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below       Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17       Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                              | <u>SEARCH FEES</u> |                              | <u>EXAMINATION FEES</u> |                              | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>    | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u>         | <u>Small Entity Fee (\$)</u> |                       |
| Utility                 | 300                | 150                          | 500                | 250                          | 200                     | 100                          |                       |
| Design                  | 200                | 100                          | 100                | 50                           | 130                     | 65                           |                       |
| Plant                   | 200                | 100                          | 300                | 150                          | 160                     | 80                           |                       |
| Reissue                 | 300                | 150                          | 500                | 250                          | 600                     | 300                          |                       |
| Provisional             | 200                | 100                          | 0                  | 0                            | 0                       | 0                            |                       |

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

| <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> |
|-----------------|------------------------------|
| 50              | 25                           |

Each independent claim over 3 (including Reissues)

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|
| 15                  | - 40 =              | x               | =                    |

| <u>Multiple Dependent Claims</u> |                      |
|----------------------------------|----------------------|
| <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|
| 4                    | - 7 =               | x               | =                    |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | /50                 | (round up to a whole number) x                          | =               |                      |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

500.00

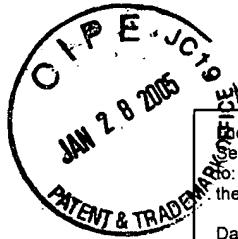
Other (e.g., late filing surcharge): 1401 Notice of appeal

|                     |                         |                                      |                  |
|---------------------|-------------------------|--------------------------------------|------------------|
| <b>SUBMITTED BY</b> |                         | <i>45,923</i>                        |                  |
| Signature           | <i>J. P. Osha</i>       | Registration No.<br>(Attorney/Agent) | 33,986           |
| Name (Print/Type)   | <i>Jonathan P. Osha</i> | Telephone                            | (713) 228-8600   |
|                     |                         | Date                                 | January 28, 2005 |

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 576719665 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 28, 2005

Signature: *Michelle Hayden* (Michelle Hayden)



01-31-05

AF *[Signature]*

Herby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV576719665US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: January 28, 2005      Signature: *Michelle Hayden*  
(Michelle Hayden)

Docket No.: 05516.142002  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Michael A. SIRACKI

Application No.: 10/634,629

Confirmation No.: 7203

Filed: August 5, 2003

Art Unit: 3672

For: PREFORMED TOOTH FOR TOOTH BIT

Examiner: Thompson, K.L.

**NOTICE OF APPEAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Applicant hereby appeals to the Board of Appeals from the decision of the Patent Examiner dated January 21, 2005, finally rejecting claims 1-15 of the above-identified patent application.

Please charge our Credit Card in the amount of \$500.00 covering the fee set forth in 37 CFR 41.20(b)(1). Credit Card Payment Form SB-2038, with a signature from an authorized cardholder, is enclosed. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith to our Deposit Account No. 50-0591, under Order No. 05516/142002. A duplicate copy of this paper is enclosed.

02/02/2005 HDEMESS1 00000043 10634629

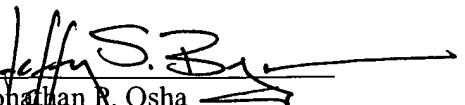
01 FC:1401

500.00 OP

Dated: January 28, 2005

Respectfully submitted,

By

  
Jonathan R. Osha  
Registration No.: 33,986  
OSHA & MAY L.L.P.  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600  
(713) 228-8778 (Fax)